

MARGIN RESERVE FOR BINDING  
WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 130  
Registered No. 103

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Salvador Salas

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

May 3, 1927  
Month Day Year

8.

FATHER

Full name

Rosalio Salas

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona

10. Color or race

Mexican

11. Age at last birthday 36 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

14.

MOTHER

Full maiden name

Maria Mendez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe, Arizona

16. Color or race

Mexican

17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living Eight

(b) Born alive but now dead Two

(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

J. C. Harper  
physician

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year

Address

Globe, Arizona

Filed

5-31-27

Dr. H. Norst

Registrar

Registrar

222-503-449